MDR: M4-03-8701-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled <u>Medical Dispute</u> <u>Resolution-General</u>, and 133.307, titled <u>Medical Dispute Resolution of a Medical Fee Dispute</u>, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-29-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 97110, 97265, 97530, 99213, and 97250.

II. FINDINGS

Dates of service prior to 5-29-02 were submitted untimely per above referenced Rule and will not be considered in this decision.

III. RATIONALE

Neither party submitted EOBs to support services identified as "No EOB"; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB	MAR\$	Reference	Rationale
				Denial	(Maximum		
				Code	Allowable		
					Reimbursement)		
5-30-02	97110	\$100.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR	SOAP note does not support 1 to 1 supervision
	(X2)					(I)(A)(9)(b)	per MFG, no reimbursement is recommended.
	97265	\$55.00	\$0.00	No EOB	\$43.00	CPT Code	SOAP note does not support billed service per
	97530	\$100.00	\$0.00	No EOB	\$35.00 / 15 min	Descriptor	MFG, no reimbursement is recommended.
	(X2)						
	97250	\$55.00	\$0.00	No EOB	\$43.00		
5-30-02	99213	\$55.00	\$0.00	No EOB	\$48.00	Evaluation &	SOAP note supports delivery of service,
7-12-02						Management GR	reimbursement of 5 dates $X $48.00 = 240.00
7-24-02						(VI)	
8-7-02						, ,	
8-13-02							
TOTAL	•				•	•	The requestor is entitled to reimbursement of
							\$240.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (99213) in the amount of **\$ 240.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$240.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of March 2004.

Elizabeth Pickle Medical Dispute Resolution Officer Medical Review Division